

Compensated sex factor in HIV spread among Peru's young women

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A Peruvian barrio

This article describes the practice of compensated sex by young women living in three urban settings in Peru and how it affects their sexual health. The article is based on a qualitative study sponsored by the National Institute of Mental Health of the United States (NIMH) HIV/STI Prevention Trial in Peru using focus group discussions and in-depth interviews with young women. The study was carried out by the University of California, Los Angeles and the University of Peruana Cayetano Heredia, Lima, Perú.

Compensated sex, and how it affects the lives of young women, has not been widely studied in Peru, although some studies have investigated the subject among men¹. This could be due to the difficulty in differentiating commercial sex from compensated sex. Compensated sex is an exchange of sex for benefits, which could be gifts, favours or money.^{2,3}

Although compensated sex is often mistaken for commercial sex, it is necessary to understand its dynamics in order to know how it can affect the health of those who practice it, more so where socially-vulnerable groups including young women, young people, and migrants, are involved.

Different ways of compensated sex are practised by women and men, posing a high risk of HIV infection. We identified specific vulnerable groups to HIV and AIDS in the ethnographic study that took place in 2001-2002 in Lima, Chiclayo and Trujillo.

This article focuses on a specific vulnerable group to HIV, that is, young women who live in poor neighbourhoods, who have a stable partner supporting them economically and young women who have sexual intercourse with casual partners.

Study populations

The study aimed to characterise more vulnerable populations to HIV and AIDS in *barrios* in the three study locations. *Barrios* are neighbourhoods with their own boundaries known by the residents and have leisure facilities such as bars, hair salons, street corners, parks and sport fields. Young people living in the *barrios* often use these places for social and sexual interaction.

The researchers used in-depth interviews and focus group discussions with young women in order to understand their sexual behaviour and their sexual health risks. Three populations were identified as more vulnerable to HIV, with more sexual health risks than other groups. They included unemployed young men, self identified heterosexuals called *Esquineros* (street corner men) who frequently consume alcohol and drugs; homosexuals working in hair salons, restaurants, some involved in commercial sex work, drink alcohol and consume drugs and unemployed young women, with a limited access to education, who share social and leisure spaces with

Esquineros, drink alcohol and also use drugs.

Twelve in-depth interviews and six focus group discussions were conducted with young women aged between 18 and 30 years in the coastal cities of Lima, Trujillo, and Chiclayo.

In order to obtain qualitative information, thematic guidelines were formulated to explore key themes of the study related to sexual health and practices. Each participant signed a consent form explaining the aims of the study and their rights as participants to withdraw from the study at any stage.

Compensated sex

Young women might forge sexual relations for economic gain. Benefits may be in the form of money, something they specially appreciate, or even edibles. During the study, two forms of compensated sex were observed. First was the establishment of a fairly stable relationship with a man, generally older than the young woman, who offered her economic support. "So he helps me like, he pays everything, of course. Well, I don't love him, you know? But he helps me. I'm grateful, because he gets me out of fixes," said a 19-year-old young woman from Trujillo.

Another young woman aged 22, from Lima said: "He always gave something, you know? Sometimes a gift, anything I like. Of course then something else [sexual] would happen that day."

The women are grateful to the men who support them and (sometimes) their families. Compensated sex also occurs in

Picture: Courtesy of SASA



Lessons learned

- High rates of infection among those practising compensated sex are due to poverty, low education, limited access to healthcare services.
- Those in stable relationships with a supportive partner did not use condoms because of feelings of gratitude.
- The use of alcohol and drugs was linked to impaired thinking, thus hampering negotiating condom use in casual sex.
- Unequal power relations play a major role in compensated sex and its attendant risks.

discotheques and parties, which the young women visit to have fun. In the process, they establish sexual interactions with casual partners. While they usually consume alcohol and drugs, they said that they did not always have enough money to buy them, leading them to compensate sex for the intoxicants.

“I like drinking, when we’re at the discotheque, he always buys a drink first, if not then marijuana, why not? Then, anything may happen,” a 25-year-old woman from Lima said.

Most young women consider negotiating condom use inappropriate. Those in stable relationships with a supportive partner stated that they did not use condoms because of feelings of gratitude, and that to demand use of condoms would break the relationship, or would create a sense of mistrust. A woman from Lima posed: “What will they think? ‘What do you have?’ he’ll say. I don’t know, maybe it’ll create resentment.”

The use of alcohol and drugs was linked to impaired thinking, thus hampering negotiating condom use in casual sex. “I hardly know him, and how am I going to ask him? If he treats me to a drink and everything, you know? What needs to happen happens,” said a 22-year-old woman from Chiclayo.

Key issues and risk factors in compensated sex

In several regions of the world, significantly higher rates of STIs and HIV infection are

found among those engaging in compensated sex and their clients in comparison to other population groups. HIV infection has been found to spread among sex workers before it spreads into the general population. Given the role of STIs as a factor in HIV transmission, high rates of STIs among sex workers are indicators of the potential for rapid spread of HIV among sex workers (including those engaging in compensated sex), their clients, families and extended sexual networks.

High rates of infection among those practising compensated sex may not be because they have multiple partners, but rather, due to a combination of factors that compound this risk. They include poverty, low education, which affects knowledge about HIV and AIDS, including means of prevention. Other factors are limited access to healthcare services and prevention gadgets, such as condoms; gender inequalities and limited ability to negotiate condom use; social stigma and low social status; drug or substance abuse and compromised sexual interactions; and lack of protective legislation and policies.

Unequal power relations

Unequal power relations play a major role in compensated sex and its attendant risks. Whether young women have sexual relations with a man in order to cope with poverty or whether they only want to have fun, both behaviours make them vulnerable. This is because either way, their low income status makes it virtually impossible for them to negotiate condom use.

Feelings of gratitude impede young women to have safe sex with their stable partners. Lack of confidence between women and their stable partners means that women are in an unequal relationship without power to protect themselves. For women with casual partners, alcohol consumption impairs their ability to evaluate their own risk.

We have seen that no dialogue exists between casual or stable partners about the use of condoms. Compensated sex is related to a social structure of vulnerabilities that aggravates those that already exist with

regard to HIV and AIDS. It is crucial to be aware of the different shapes of compensated sex as practised by women in Peru. In this country, sexual policy does not take into account the importance and the necessity to have specific programmes to empower young women to negotiate for safe sex and to be conscious and able to evaluate the risks of unsafe sex. ■

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